#### **EXHIBIT D**

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Covington County Sheriff	typesty.	DICA	L SCREENIN	IG FO	Mir	Booking Number 200007743	
Printed: Tue May 03,2005	A	L EVERIT	T BOYETT (S4	16081	511)	Booking Date  MAY 3rd, 2005	
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Did arrest result in injury?	YN	Any fever	, swollen lymph	YO	Is skin in go	od condition and	<b>(</b> )
is inmate under obvious	Ø N	Houes, or	jaundice? under obvious	YN		signs of alcohol	Y (A
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		INI	MATE QUESTIONN	AIRE			and the second section of the second
HAVE YOU EV	ER HAD	HAVE AN	Y OF THE FOLLOW	ING ILLN	ESSES OR C	ONDITIONS?	and the second s
Hepatitis	<b>O</b> N	Heart Dis	ease	Y <b>(0)</b>	Mental/Emo	tional Upset	(M) N
Tuberculosis	Y (0)	Hypertens	sion	Y (0)	Attempted S	Buicide	YO
Sexually Transmitted Disease	Y (0)	Epilepsy/0	Convulsions	Y (N)	Asthma/Em	physema	Y (0)
Ulcers	Y (0)	Hemophil	ac (bleeder)	Ø N	Cancer	No trace administration of the property of the second of t	Y (0)
Kidney Trouble	Y (0)	Aids/Expo	sed to Aids	YO	Diabetes		Y 👰
DT's	Y (0)	Skin Prob	lems	Y 00	Use Insulin	any panamanana any ao	Y (0
Drug Addiction	Y (N)	Alcholism		Y (0)	Mental Illne:	SS	YQ
Recent Head Injury	Y (0)	Coughed/	Passed Blood	YO	Recent Hosp	oital Patient	<u> </u>
Recent Treatment	Y (0)	Use Need	les	MN	False Limbs	/Teeth	Y (0)
Contagious Disease	Y (0)	Pregnant/	Recent Delivery	Y (W)	et saggestere király ságas miljer saggester szerentése miljárskálam specemenő 200 sz		
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			Inmate's Signatur	те <u>Х</u>	Mousel	as an qu	vauons
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MEDICAL STAFF F	RE ING	SCREENING FO	RM	Southern Health	Partners
LAST NAME TO	FIRST HAME	Sign Middle	INTAKE DATE	SCREENING DATE	TIMI
PREVIOUS INCARCERATIONS		SEX		d, SECURITY NO.	LEGR -//-
CURRENT INSURANCE COVERAGES?	MIZ (The Philades III) is the Philades on Asia and Associate State Asia Affirmation in Asia Affirmation Asia and Asia Asia Asia Asia Asia Asia Asia Asia	CURRENTLY UNL	ER PHYSICIAN'S CARE FOR	The Bills Spiriture in the efficiency as the State of the	e voga sam en lie en mineralisée dans mensues en en a
VISUAL / MEDICAL OBSE	ERVATION: (Fxt	olain all "Yes" Ánswers)	Circle Y or N:		YES
Is inmate unconscious or showneed for immediate emergence of the second	wing visible signs o	of illness, injury, bleeding,		otoms suggesting the	¥
Are there any visible signs of marks, body vermin? If yes:	fever, jaundice, ski	in lesions, rash, or infectio	n: cuts, bruises, or	minor injuries; needle	COMPANIENCE NO. CONTRACTOR CONTRA
Does the inmate exhibit any s	igns that suggest t	he risk of suicide, assault,	or abnormal behav	vior?	Y
Does the inmate appear to be If yes:	under the influenc	e of, or withdrawing from	drugs or alcohol?		Y
Is the inmate's mobility restrictif yes:	sted in any way due	e to deformity, cast, injury	etc.		Y
ASK THE INMATE THESE	OUESTIONS:	/Explain all "Ves" answe	ors)	and the second s	- Lance or a service of
Have you had or been treated pressure, mental health proble Other:	for: (circle as app	propriate) asthma, diabete		condition, high blood	X
Have you taken or are you tak If yes:	king any medicatio	n(s) prescribed for you by	a physician?	nd kan-suricalaraade halifel arhiitel friidelstrakuluru voonnin kanta häärelät eki irele irele irele	T 7
Are you allergic to any medical if yes:	ations, foods, plant	ts, etc.?	erromande et de de groupe de company de company de la grande et de company (1923) et de company de company de c	ka ayak bangan gasamin ka <b>silanan</b> ana dia 30 ta tanàn 1979 ilimin ka mbanda dia matana matana matana matana ma	Y
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Do you have or have you bee	n exposed to AIDS	, hepatitis, TB, VD, or oth	er communicable d	lisease?	
Have you been hospitalized b	والإرجاب والمراب والمتواجع	APPENDENT CONTRACTOR STREET, AND ADDRESS OF THE PROPERTY OF TH	California programa, com program a distributada estaba estaba estaba circilizar de trada de como estaba de la Pro-		TY
Have you ever considered or If yes:	attempted suicide	?			Y
Do you have a painful dental If yes:	condition?	all Al Marie	A CONTRACTOR OF THE PROPERTY O	and and an angle of the second	
Are you on a specific diet pre If ves:	and the second s		udersvansystelleddiae (fyljisk ferfyl golden darfoll den areildiae (Den bleis er som aleis (en de		Y
Do you use drugs? How ofte What kind?	n? / CAC	The state of the s	st time?	Æ:	TY)
Do you use alcohol? How off	ten? 1000	La La	ow much? st time?	response to the state of the st	TY
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Are you pregnant, recently do If yes:	elivered or aborted;	on birth control pills; hav	ing abdominal pair	or discharge?	1
NOTE VITAL SIGNS:			<u> </u>	orrespong anna er mandamentaria sam selan erresponsaria (anterior terresponsaria est estado en sela de la filo	4
Respiration:	Pulse: ( / 🤾	Temperature		Blood Pressure:	24,4
HAVE ALL CONCERNS FRO	OM OFFICER INT	AKE FORM BEEN ADDR	ESSED WITH INM	ATE?	
ARE ALL STATED CHRONI	C CONDITIONS N	IOTED:	gang dianaman maganitan manaman manaman manaman sing salah s	annigijanes en respektijanejik jugaksi tist om en	nst managementerstate en samt til statementersta
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I have answered all questions trut	hfully. I have been to	ld and shown how to obtain m	edical services and ad	lvised on how to obtain me	edication up
hereby give my consent for profes Inmate's Signature	sounal services to be	provided to the by and through	u suunem meaim Pal	mers, me. Nata	5/4
Interviewer's Signature	Fille ACTA	PRECENT		Date	3.10

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Covington County Sheriff				PUMP W TOOLS - PO	Booking Number	ighti (ili gadyningagada), mare
Covington County Sham	V	ALDICAL SCREENII	NG FO	PRIVi	200008027	
Printed: Wed Jun 08,2005	А	L EVERITT BOYETT (S4	416081	511)	Booking Date  JUNE 7th, 2005	
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Is inmate conscious?	<b>O</b> N	Is inmate capable of responding?	M M	Can inmate	walk on own?	Ø N
Any difficulty breathing?	Y 🔞	The second secon	> Y <b>(0</b> )		signs of trauma, ounds or illness?	Y (N
Did arrest result in injury?	Y (N)	Any fever, swollen lymph nodes, or jaundice?	Y 🔞		ood condition and	Ø N
Is inmate under obvious influence of alcohol?	Y (N)	Is inmate under obvious	Y (0)	Any visible	signs of alcohol hdrawal symptons?	Y (N
Does inmate suggest risk	Y (N)	influence of drugs?  Do you consider inmate an	Y (1)	or drug with	ndrawar symptoms:	train de referencia acute distributivamente.
of suicide? Observations		escape risk?		- pagaman are y historia ya wasa, mwana 1864 na ya wasani mata mata mata mata ka mata ka mata ka mata ka mata m	dad da arribaddir (hlader blar signer meg der) magalindir, pilo de felhadaran 1971 - a fighlio (filodolis) (side san chana dha a	
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	and the state of t	INMATE QUESTIONN				ner, guyrang sakungang pangangan di karabian sak
		D/HAVE ANY OF THE FOLLOV				
Hepatitis	(A) M	Heart Disease	Y (W)		otional Upset	<u> </u>
Tuberculosis	Y (0)	Hypertension	Y (N)	Attempted	enement and was a mining symbol and still other of a respect to a section of the still of the section of the section and the section of the s	<u> </u>
Sexually Transmitted Disease	Y (V)	Epilepsy/Convulsions	_ Y (Q)	Asthma/Em	physema	Y (0)
Ulcers	Y (1)	Hemophiliac (bleeder)	Y (V)	Cancer		<u> </u>
Kidney Trouble	Y (V)	Aids/Exposed to Aids	Y (0)	Diabetes		Y 👰
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Drug Addiction	Y <b>(0)</b>	Alcholism	Y (0)	Mental Iline	SS	_
Recent Head Injury	Y <b>(0)</b>	Coughed/Passed Blood	Y (0)	Recent Hos	pital Patient	_
Recent Treatment	Y <b>(0)</b>	Use Needles	Y <b>(0)</b>	False Limbs	/Teeth	Y (0)
Contagious Disease	Y (0)	Pregnant/Recent Delivery	Y 🔞			**************************************
Doctors Name and Address						
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INMATE APPEA	ARS FINI	E AT TIME OF INTAKE				
I have read the above carefully	y and ha	ve answered all questions cor	rectly to t	the best of m	ny knowledge.	et a Personal Secundary Secundary All Sections
Inmate's Signature			Date:		Time:	~
Officers's Signature			Date:		Time:	
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TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correction officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for yo seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay systhis facility.

1 1 2 pm 12 2 2			ID#
Inmate's Full Name:	<u> </u>		<del>ann an </del>
Complaint/Problem: 200	State of the state	To a security of the contract	northwest and youlge is discovered by the control of the control o
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How long have you had this p	roblem? 6 /2005	THE THE COTY OF THE POST OF THE CONTROL OF THE CONT	en stadt ur er er gering fir fjærferde stadt fir med de fræði farstifir er gerings meg stadt stadt. I stadt flere stadt
Inmate's Signature:	Bana		Date:
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☐ Received Orders – thru Tre	atment Protocols: via telephone	10 Alope	RIP X 1
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☐ Received Orders – thru Tre. ☐ Follow-Up Required? If che	atment Protocols; via telephone ecked, date to be seen again	10 Alope	RIP X .
☐ Received Orders – thru Tre ☐ Follow-Up Required? If che ☐ Chronic Condition	atment Protocols; via telephone ecked, date to be seen again	10 Pope forder; via verbal order	RIP X 1



TO BE COMPLETED BY INMATE: Please complete the tch half of the Sick Call Slip and return it to the cor officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for y seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay si

Today's Date: Pod/Location: Cell: 10#
inmate's Full Name: 19/ September 19
Complaint/Problem:
How long have you had this problem?
Inmate's Signature: Date: ( ) Date:
在中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国
TO BE COMPLETED BY MEDICAL STAFF:
Note Patient's Vital Signs: Temp 48 Resp 20 Pulse 78 B/P 104/64
Instructions/Assessment: Document your findings, Inmate's responses/actions
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Leufoffen Soona it fo bus x y der
French The Ho Chillege & ice toward
☐ Received Orders – thru Treatment Protocols: via telephone and an incident
Follow-Up Required? If checked, date to be seen again  Chronic Condition
☐ Inmate to be charged through medical co-pay for this visit
Date Seen by Medical: 4/18/05 Seen by: A Hypercolon
Place original form in patient's medical record

Case 2:05-cv-00966-ID-CSC Document 12-6 Filed 11/23/2005 Page 9 of 25 · Whatee - 416 CS FOR " Rogert III ENERGH was more a commence of 1946 and the analysis was followed by the second of the first of the second of the first of the second of WENTAL SHALTH EVALUATION The mander the Haldert Street HORACHER HORACHER HORACHER WERE THERE IN Apalaluse mighel the de luce to selle accident NO NO

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TO BE COMPLETED BY INMATE: Please co:nplete the top half of the Sick Call Sip and return it to the conficer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for this facility.

Today's Date:Pod/Location:Cell:ID# Inmate's Full Name: Comptaint/Problem:	Today's Date:	Pod/Location:	Cell·	lD#	
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How long have you had this problem?  Inmate's Signature:  Date:  TO BE COMPLETED BY MEDICAL STAFF:  Iote Patient's Vital Signs:  TempRespPulseB/P  structions/Assessment:  Document your findings, Inmate's responses/actions  Received Orders – thru Treatment Protocols; via telephone order; via verbal order collow-Up Required? If checked, date to be seen again_  Chronic Condition  Inmate to be charged through medical co-pay for this visit	Complaint/Problem:		der 394-minestration (spiego en gregot 1. von erformen) i en in university in construit van de versity van de	ris distinction and art agreed place above as to waste of the distinction of the art of the principles.	n king at letter dat spille fleste fleste det spille det spille det spille fleste spille spille spille spille
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TO BE COMPLETED BY MEDICAL STAFF:    Ote Patient's Vital Signs: Temp Resp Pulse B/P	unitate a DiAllattile:	THE TOTAL PROPERTY OF THE PROP		Date:	and the state of t
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	e Seen by Medical:	Seen by G	Land Harry		

# COVINGTON COUNTY JAIL INAMTE REQUEST/GRIEVANCE FORM

	BLOCK: DATE
TELEPHONE CALL	CUSTODY CHANGE ( ) PERSONAL PROBLEM
SPECIAL VISIT	TIME SHEET ( ) OTHER ( ) GRIEVANCE
FEET OUT NE POUR R	EQUEST/ GRIEVANCE. THEN PRESENT TO 0:0
REQUEST PLEASE CHES SHERIFF CHIEF JA	K TO WHOM IT-IS DIRECTED TO SMILER ( )RECORDS OFFICE ( CHAPLI
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#### SOUTHERN RADIOLOGY SERVICES, LLC N-RAY REPORT

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#### MAGES OF THE LEFT HAND, 8/16/05

MISTORY: Edema

Patient had trauma the week prior. Patient sustained a fracture to the neck of the fifth memoarpal without gross displacement. There is no dislocation noted either No additional acute fracture is identified. There is a prominent spur at the distalend of the fifth digit proximal phalanx that could be related to the old trauma. No acute foreign bodies suggested.

IMPRESSION: Nondisplaced fracture of the distal fifth metacarpal

Vancent Niarro ALD Ame

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Southern Health Partners, inc.

## ADMISSION DATA / HISTORY AND PHYSICAL FORM

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	MEDICAL HISTORY	
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#### MEDICAL HISTORY & PHYSICAL ASSESSMENT

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## MENTAL HEALTH OBSERVATION

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Affect (mood)		
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#### Document 12-6

# INMATE SICK CALL SLIP - MEDICAL REQUEST

if O BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correct officer and/or medical staff for submission and review by the medical staff. The medical staff will an ange for you seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay systems facility.

Today's Date: Pod/Location:	Call
Inmate's Full Name:	Marie Continue Contin
Complaint/Problem:	The description of the first and the control of the
How long have you had this problem?	Authors consists a subject of the su
Inmate's Signature:	Date:
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TO BE COMPLETED BY MEDICAL STAFF:	
Note Patient's Vital Signs: Temp 18 Resp //	Pulse /5/ R/P /oc/25
Instructions/Assessment: Document your findings, Inmate's re	35DONSPS/actions
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☐ Received Orders – thru Treatment Protocols; via telephone of Follow-Up Required? If checked, date to be seen again	Station De 1/1/1
☐ Inmate to be charged through medical co-pay for this visit	
Date Seen by Medical: Seen by: Seen by:	48 Jan

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# Case 2:05-cv-0096

# MATE SICK CALL SUP-MEDICAL REQUEST

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# REFUSAL FORM

I, 4 Blyett	_ (inmate name) understand
that my name is on the sick call list	to be seen by Southern Health
Partners medical staff at Covington	County Jail, and that I am
declining to be seen at this time. I	further understand that it will
be documented as such in my medica	al file, and that my name will
NOT be added back to sick call, unle	ess I submit another sick call
request.	
03 Frank #	
Inmate Signature	Date/Time
<u> </u>	1 s 1 s 1 s 1 s 1 s 1 s 1 s 1 s 1 s 1 s
Witness Signature	Date/Time
Nurse Signature	Date/Time Noted
Southern Health Partners	Revised.02/05/04

Distribution: Original-Nurse

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